

MINUTES
New Hampshire State Commission on Aging
Monday, May 15, 2023 10:00 a.m.-Noon
NH Hospital Association, 125 Airport Road, Concord, NH

Present in person: Susan Ruka, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Rep. James MacKay; Sunny Mulligan Shea, DOJ; Thom O'Connor, DHHS; Tracy McGraw, DOL; Ray Fernandez, DOS; Shelley Winters, DOT; Appointed by the Governor: Polly Campion, Doug McNutt, Daniel Marcek, Kristi St. Laurent, Beth Quarm Todgham, Rep. Lucy McVitty Weber, Laurie Duff, Susan Denopoulos, Roxie Severance

Present Staff: Rebecca Sky, Exec. Director; Chris Dugan, Communications and Engagement Director

Present via teleconference Dee Pouliot, NH Housing Finance Authority; Rev. Susan Nolan

Absent: Suzanne Demers Rep. Charles McMahan; Sen. Bill Gannon; Richard Lavers, NHES; Susan Buxton, Long-Term Care Ombudsman; Harry Viens

Presenters: Thom O'Connor, MSW, Community Based Programs – Administrator III, Division of Long Term Supports & Services, Bureau of Elderly & Adult Services, NH-DHHS; Jennifer Rabalais, MA, Co-Director, Center on Aging and Community Living, University of New Hampshire; Alison Rataj, Center on Aging and Community Living, University of New Hampshire; Gretchen Stallings, Executive Director, Volunteer NH – State AmeriCorps Office; Kaitlyn Norden, Acting Deputy Administrator, Northeast Region, AmeriCorps; Anne Ostberg, Senior Programs, Northeast Region, AmeriCorps

Guests: Heather Carroll, John Wilson, Isadora Rodriguez-Legendre, Judith Jones, Kris Hering, Teri Palmer, Joan Marcoux, Laura Davie, Shawn Jones, Kristin Barnum, Jessica Eskeland, Jennifer Throwe, Cindy Yanski, Madeline Ullrich, Kim Murphy

I. Welcome, Attendance, Review of Minutes

Chair Sue Ruka provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at NH Hospital Association and via teleconference. A quorum was present in person. Rep. Weber made a motion to approve the April minutes; Doug McNutt seconded the motion; the motion was approved unanimously.

II. State Plan on Aging Survey and Focus Group Data Results (PowerPoint attached)

Chair Ruka welcomed Thom O'Connor, Jennifer Rabalais and Alison Rataj to present information gleaned from surveys and focus groups to help produce the 2024-2027 State Plan on Aging, currently under development by the Bureau of Elderly and Adult Services (BEAS) of the NH Department of Health and Human Services (DHHS). The plan is being developed with guidance and support from the NH State Commission on Aging and the Alliance for Healthy Aging.

The goal of the State Plan "is to advance the state's efforts in understanding, serving, supporting and celebrating older adults across our state." The State Plan is required to be produced by the federal Administration for Community Living (ACL) and the draft is due to ACL on July 1 with the final product due by October 1, 2023. ACL's priorities are to advance equity; build a caregiver infrastructure; expand access to home and community-based services (a particular issue in rural areas); recover from the COVID-19 pandemic; and support Older Americans Act Core Programs.

To gather information from older adults in the state, listening sessions were held in person and virtually and surveys were available on-line or on paper from late fall through mid-winter. One hundred and eighty

individuals participated in the listening sessions; 755 respondents completed the survey, with 955 individuals answering at least one question.

The largest percentage of participants was aged 65-74 (44%) with respondents ranging in age from young adulthood to over age 85. Ninety-eight percent identified themselves as white; 96%, as speaking English very well; 94%, as heterosexual; and 84%, as female. Respondents came from all 10 of the state's counties. The largest percentage identified themselves as having no impairment (54%), as retired (47%), and as living with a spouse or partner (58%).

In response to survey questions, the majority of respondents indicated they were comfortable using technology/internet to connect for social, educational, community, and health-related opportunities. More than three-quarters indicated that they do not provide unpaid caregiving support. Ninety percent said that they do not participate in food assistance programs, formal or informal, with 85% indicating that they did not need such assistance. Ninety-three percent said that they use a private vehicle in order to travel to meet their daily needs, and 85% said they do not use community transportation because they do not need it.

A majority of respondents indicated that they get information about community services primarily through the internet/websites (57%), followed by family or friends, e-mail, newspaper/newsletters, social media, the local library, and/or AARP. ServiceLink was cited by 11% of respondents, although 52% answered that they were aware of ServiceLink.

Respondents indicated that most important to aging in their community were access to healthcare (92.7%), maintaining physical health (89.9%), and financial security (87.3%). Rated as most critical service needs were stable internet (broadband/high-speed), social activities, information and referral, affordable housing, and oral health services. The largest barrier to addressing needs was identified as lack of awareness of the availability of a service, followed by finances and the preference not to ask for help.

The largest percentage of respondents (35%) rated their community as a "fair" place to age, with 27% rating their community as "good." In regard to future concerns, a large percentage identified "feeling safe in my own home," "affordable health insurance," "feeling safe in my community," as top issues.

In the listening sessions, attendees identified what was working well in their community and what was not working well, relating to aging. Identified as working well were senior centers, ServiceLink, community organizations and local initiatives (e.g., the community nursing project and the public health network), transportation, community engagement and government programs (e.g., REAP). Identified as not working well were transportation, the healthcare workforce, funding for services, lack of awareness about how to access information and resources, available, accessible, and affordable housing, the healthcare system, access to broadband, economic security, and coordination across the continuum of care.

Also addressed in the listening sessions were ways that the state can better serve and support its aging population, what attendees said they need to continue to live in their homes as they age, and what can be done to reduce isolation for older adults in New Hampshire.

Chair Ruka thanked the presenters for providing an early look at the data and said that we look forward to seeing the State Plan on Aging—and seeing it used. Executive Director Rebecca Sky noted that the upcoming meeting of the Alliance for Health Aging will also feature the State Plan.

III. Volunteerism in New Hampshire

Chair Ruka welcomed the presenters and noted that May is traditionally the month to recognize volunteers and volunteerism.

- a. Gretchen Stallings, Executive Director of Volunteer NH, described her organization as supporting volunteerism and connecting individuals with volunteer opportunities. Volunteer NH is primarily funded by the federal AmeriCorps and operates AmeriCorps programs in the state including SeniorCorps and VISTA. The organization operates the NH Volunteer Engagement Network for nonprofit agencies and an online resource center. In addition, Volunteer NH recognizes volunteerism through the Spirit of NH Awards and the Governor’s Volunteer Manager of the Year award. She referred attendees to the website: <https://volunteernh.org/>
- b. Kaitlyn Norden, Acting Deputy Administrator for the Northeast Region of AmeriCorps, spoke about AmeriCorps programs in New Hampshire. Over the past year, approximately 2,200 volunteers in NH worked in some 300 service locations through those programs. The vast majority of those volunteers were older adults serving through the Foster Grandparent Program, Senior Companion, and RSVP.

Anne Ostberg, who focuses on AmeriCorps’ senior programs regionally, said that the agency has seven grantees in NH—five RSVP grantees and one each for Senior Companion and the Foster Grandparent program. Volunteers through those programs provide transportation, falls prevention classes, food services, and more.

- c. In response to questions, the presenters discussed the challenges of recruiting and retaining volunteers. The economy and the pandemic affected volunteer recruitment and retention, particularly in the volunteer driver programs.

Thom O’Connor asked if there might be any way to streamline the volunteer vetting process, since every agency still needs to do its own checking of individuals signing up to volunteer.

Shelley Winters introduced guest attendee Teri Palmer, the state mobility manager. She suggested that the presenters and Ms. Palmer meet in order to discuss ways to increase volunteer driver recruitment and retention.

IV. COA Volunteer Awards (Chris Dugan and Beth Quarm Todgham)

The Volunteer Awards event will take place on Wednesday, May 24, at 1:30 p.m. in the State Capitol’s Executive Council Chambers. Ten volunteers will be recognized, following a nomination and selection process. The public is welcome to attend, and Commission members are asked to attend.

V. Overview and Discussion of COA State House Team Tracked Bills (Updated descriptive list e-mailed prior to today’s meeting)

Polly Campion presented the Commission’s policy group Legislative report. She explained that not on the e-mailed list were HB 1 (the House budget) and HB 2 (the House budget trailer), which are now with the Senate Finance Committee then on to the full Senate. Once the Senate has reviewed the budget bills and synced them with its own budget bills, it will return them to the House for concurrence or a committee of conference process. Rep. Weber noted that the committee of conference process is not public. Two bills of interest to the Commission—SB36 and SB86—are incorporated into the Senate’s version of the budget.

Rep. Weber briefly discussed the Senate and House’s review of Medicaid Expansion, of interest to the Commission because of its effect on older workers and on low-paid caregivers and other service workers. The Senate passed SB263 (Medicaid Expansion unanimously; the House is considering amending the bill by offering time-limited extensions.

VI. Other Business

- a. Chair Ruka said that the Commission has applied to be part of a multi-sector plan on aging learning collaborative.
- b. The Commission will be seeking new members, particularly from Belknap and Rockingham Counties, as current members’ terms end. The Commission also will be seeking a new clerk, since current clerk

Roberta Berner will be stepping down from the role this summer. Executive Director Sky reminded the Commission that the Governor makes the final decision about new members but takes the Commission’s recommendations into consideration.

VII. Public Input

Rep. MacKay said that it was 63 years ago that the State Council on Aging was created, specifically to address Older Americans Act programs in state. The Commission is the successor organization to the Council and has a broader mandate.

VIII. Adjournment

The meeting was adjourned at noon.

**The next Commission meeting will take place on
Monday, June 19, 2023, 10 a.m.-Noon
NH Hospital Association, 125 Airport Road, Concord, NH 03301**

2024-2027 State Plan on Aging Data Collection Presentation:



**NH State Plan on Aging
Agenda**

- *Welcome & Introductions*
- *Overview*
- *Survey Results/Analysis*
- *Next Steps*
- *Q&A*



State Plan on Aging 2024-2027

Being Developed by:
NH Department of Health and Human Services,
Bureau of Elderly and Adult Services

With Guidance and Support from:
State of New Hampshire Commission on Aging
Alliance for Healthy Aging

Signed by:
Governor, State of New Hampshire,
Commissioner, NH Dept. of Health and Human Services
Chair, State of NH Commission on Aging



State Plan on Aging 2024-2027

The goal of the New Hampshire State Plan on Aging is to Advance the state's efforts in understanding, serving, supporting and celebrating older adults across our State.



State Plan on Aging Overview and Highlights

- New Hampshire's State Plan on Aging is guided, in part, by information gathered through the statewide survey and listening sessions.
- This plan is influenced by 5 federal priorities established by the Administration on Community Living (ACL)
 - Advancing Equity
 - Building a Caregiver Infrastructure
 - Expanding Access to Home and Community Based Services
 - Recovering from the COVID 19 Pandemic
 - Supporting Older Americans Act Core Programs
- Draft of State Plan on Aging is due to the Administration for Community Living on 7/1/2023. Finalized by 10/1/2023.





NH STATE PLAN ON AGING

Listening Session and Survey Data
Presentation

OVERVIEW OF PROCESS

DATA COLLECTION

- **Survey.** Available online or paper.
- **Public listening sessions.** 5 sessions hosted across the state and 5 sessions hosted virtually.

SURVEY

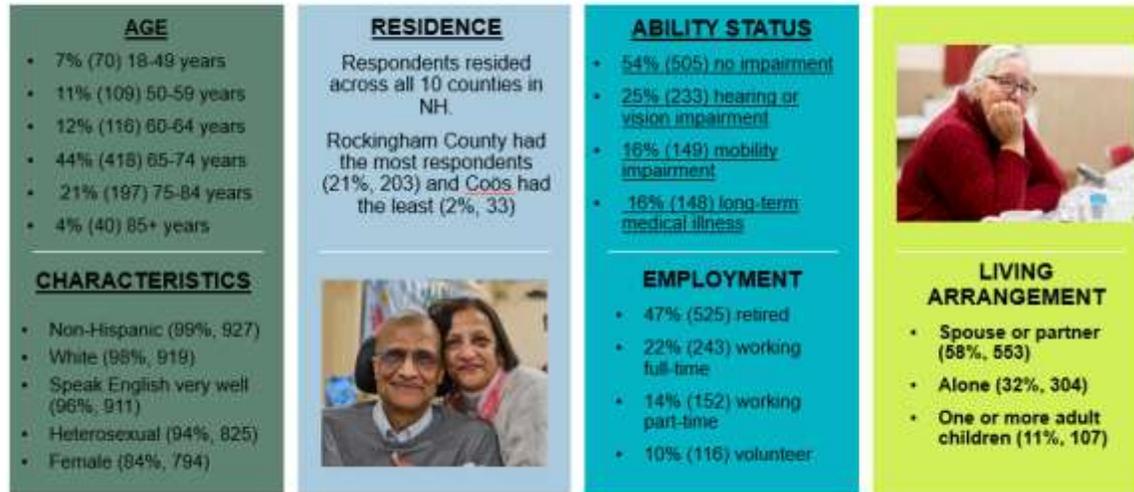
- Open from December 8, [2022](#) through February 24, 2023
- Total of 34 questions
- Survey included questions about demographic information, participation in activities, food and nutrition, transportation, accessing information and resources, living in community, and meeting future needs.
- 955 individuals answered at least one question
- 755 respondents completed survey

LISTENING SESSIONS

- 5 statewide sessions held in North Conway, Berlin, Keene, Concord and Manchester
- 5 Virtual sessions held via Zoom
- Sessions were held in morning, afternoon, and evening hours
- 180 individuals participated in the listening sessions

SURVEY RESULTS OVERVIEW

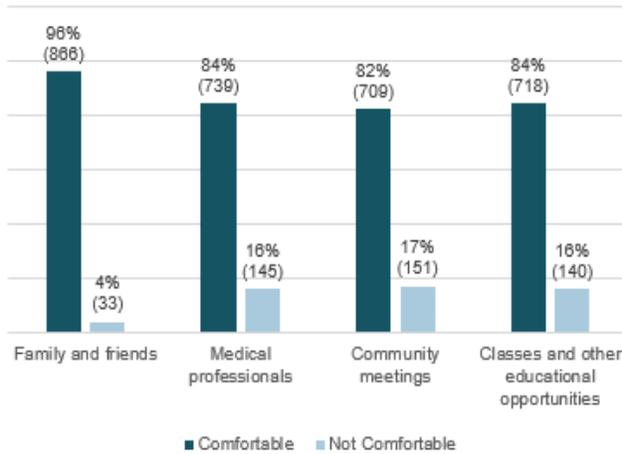
DEMOGRAPHICS



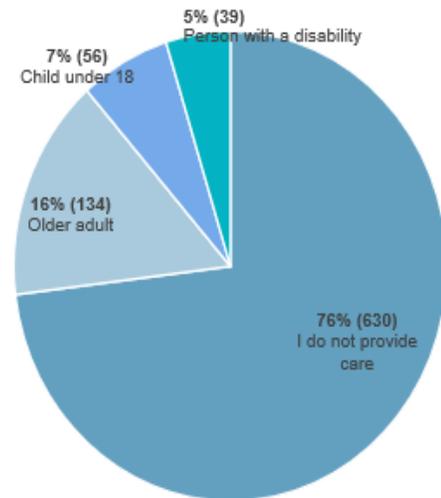
- Bisexual = 2% (20), LG =2% (26), Other 1% (11)
- Gender identity: 14 preferred not to disclose
- Living arrangements: could check off more than one, 58% live with spouse or partner as opposed to 42% don't, 78% live with someone else.
- Veterans =7% (66)
- Ability status: Only 90 answered, 47% errands alone, 35% managing finances, 19% dressing/bathing (all are % of n=90)
- Education:
 - 40% had graduate/prof. degree,
 - 31%Bachelors
 - 11% some college,
 - 9% associates degree
 - 7% HS
 - 2% no high school diploma
- Income: sample distribution across all categories:
 - (15%) 100,000-149,999
 - (16%) 75,000-99,999
 - (21%) 50,000 – 74,999
 - (13%) 35,000-49,999
 - (10%) 25,000-34,999
 - (5%) 18,000 -24,999
 - (4%) 13,000-18,310
 - (4%) 0–13,590

ACTIVITIES

ARE YOU COMFORTABLE USING TECHNOLOGY/INTERNET TO CONNECT WITH (N = 904)



DO YOU PROVIDE UNPAID CAREGIVING SUPPORT WEEKLY FOR ANY OF THE BELOW INDIVIDUALS? (N = 832)



Technology:

- the 2 largest group not comfortable were 65-74 and 75 plus,
- The age grouping of people aged 65-74 were the least comfortable age group:
 - 40% of respondents with med professionals
 - 46% using technology to join community meetings

Caregiving: sample limitations likely impact findings. Also other data suggests people don't self-identify even when they have caregiving responsibilities. If answered yes, top needs:

- 43% respite
- 41% information and referrals
- 34% transportation assistance
- 26% education about loved ones diagnoses and care requirements.

What places / activities people engage with:

- 63% libraries
- 45% parks and rec
- 41% volunteering
- 34% church or religious affiliation

Could be important consideration when thinking about outreach/information dissemination.

Do you visit your local senior center:

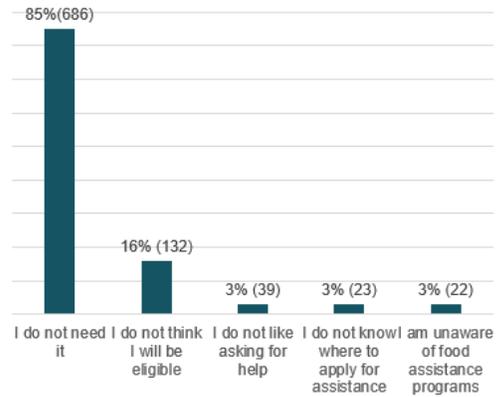
- 56% (456) No, I am not interested
- 22% (182) No, there is no senior center in my community
- 14% (123) Yes, at least once or twice a month

FOOD AND NUTRITION

Do you participate in any of the following food assistance programs or get food assistance from family or friends? (N = 844)

	%	N
Do not participate in any food assistance programs	90%	760
Receive food from a community pantry	4%	35
Receive SNAP benefits or from another government sponsored food source	3%	25
Receive food from family and/or neighbors	3%	22
Receive food from Meals on Wheels	2%	17

If you do not receive food assistance, what are the reasons why? (N = 810)

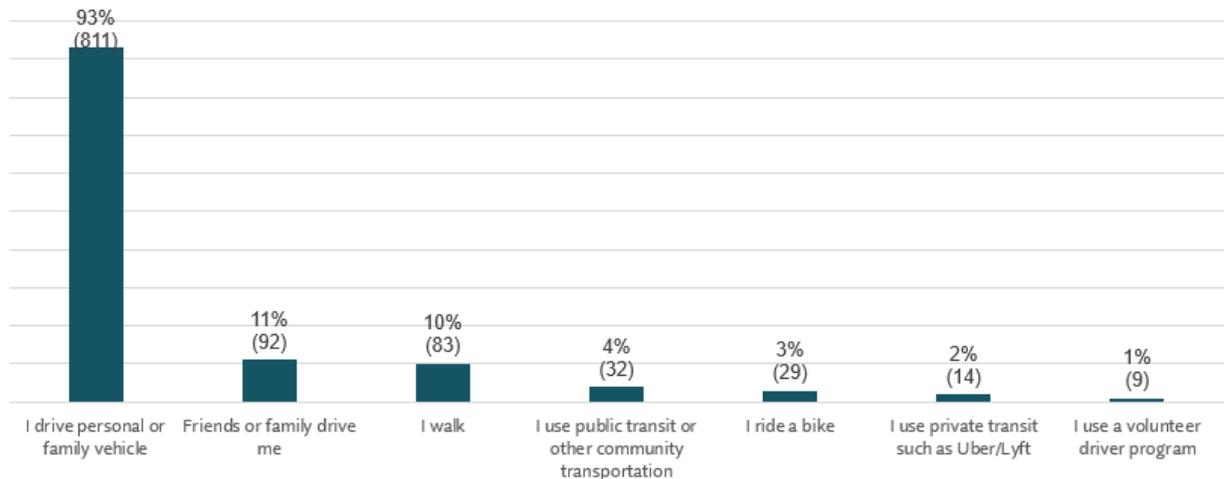


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Nutrition: Possibly skewed due to income level etc of sample. Most salient point; Those that don't receive it 16% don't think they would be eligible

TRANSPORTATION

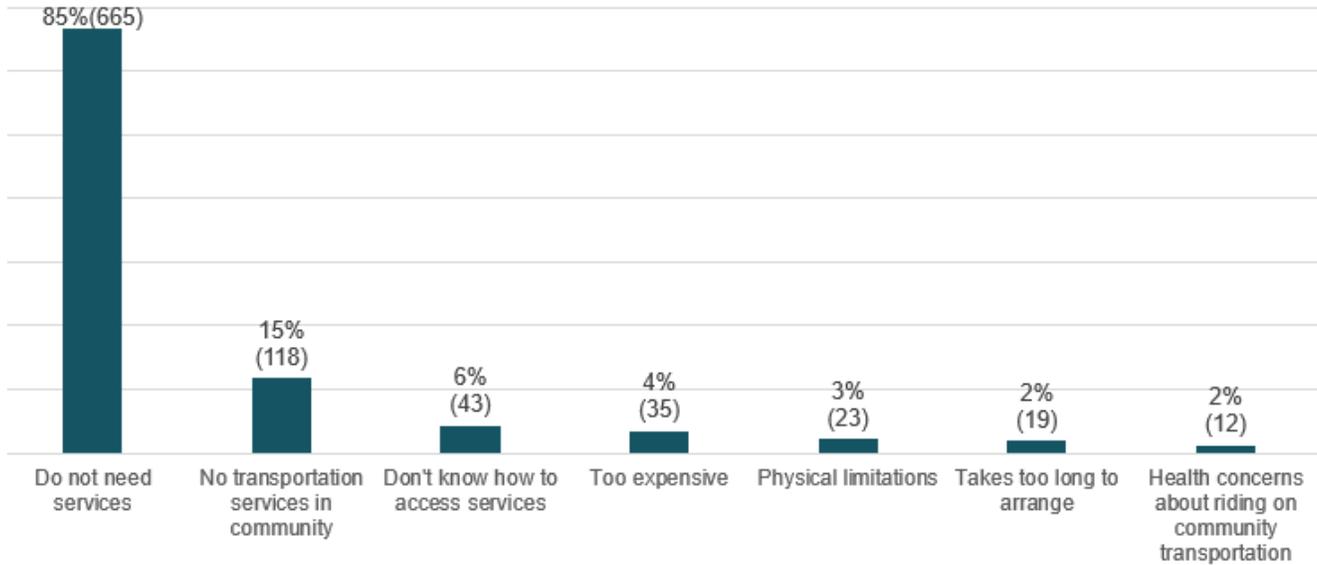
How do you typically travel to meet your daily needs? (N = 869)



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TRANSPORTATION

If you haven't used public transit, volunteer driver services, or other community transportation, why not? (N = 781)

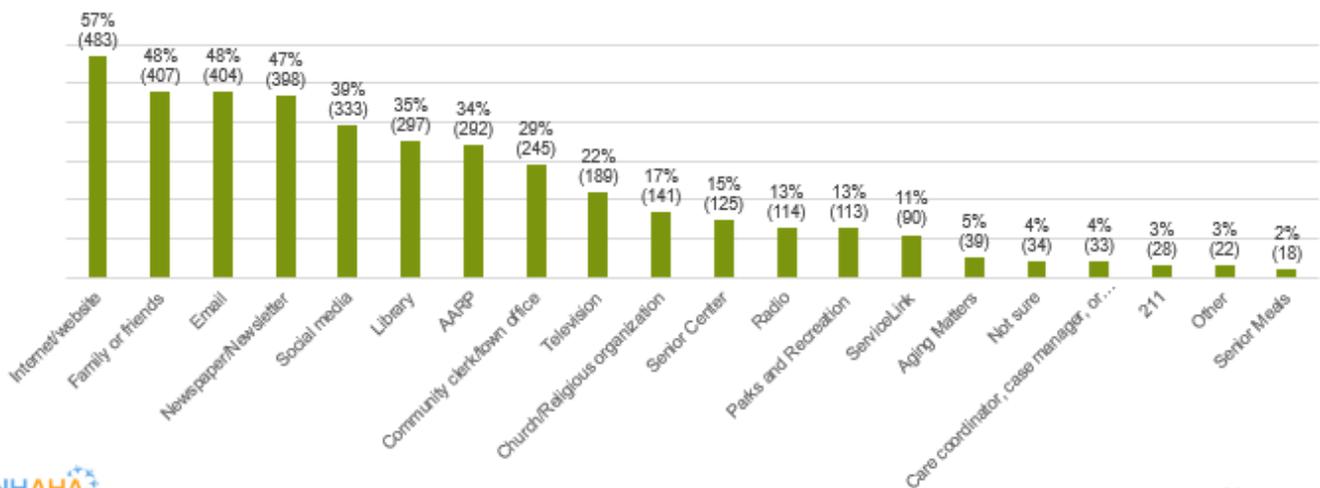


If you find it difficult to get around and/or rarely leave your home, please check all the reasons that apply. N=196

- 77 % concerns about driving at night or in bad weather
- 21 % physical limitations
- 19% no where need to go is within walking or biking distance from home
- 13% it is too expensive to pay for a ride

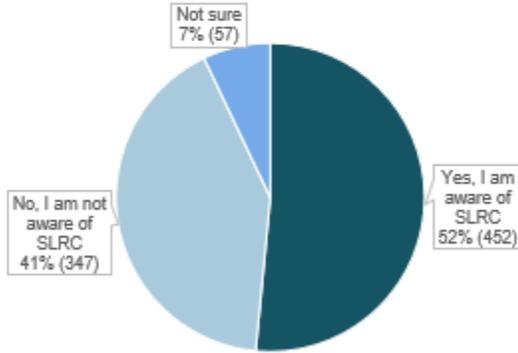
ACCESSING INFORMATION AND REFERRAL

How do you get information about community services? (N = 848)

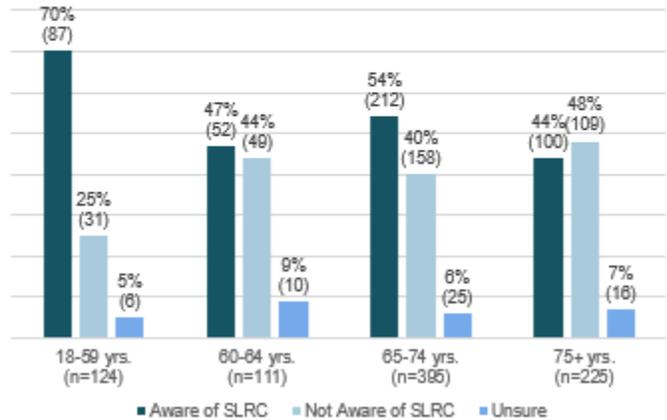


ACCESSING INFORMATION AND REFERRAL

Awareness of ServiceLink Resource Centers (N = 856)



Awareness of ServiceLink Resource Centers by Age (N = 855)



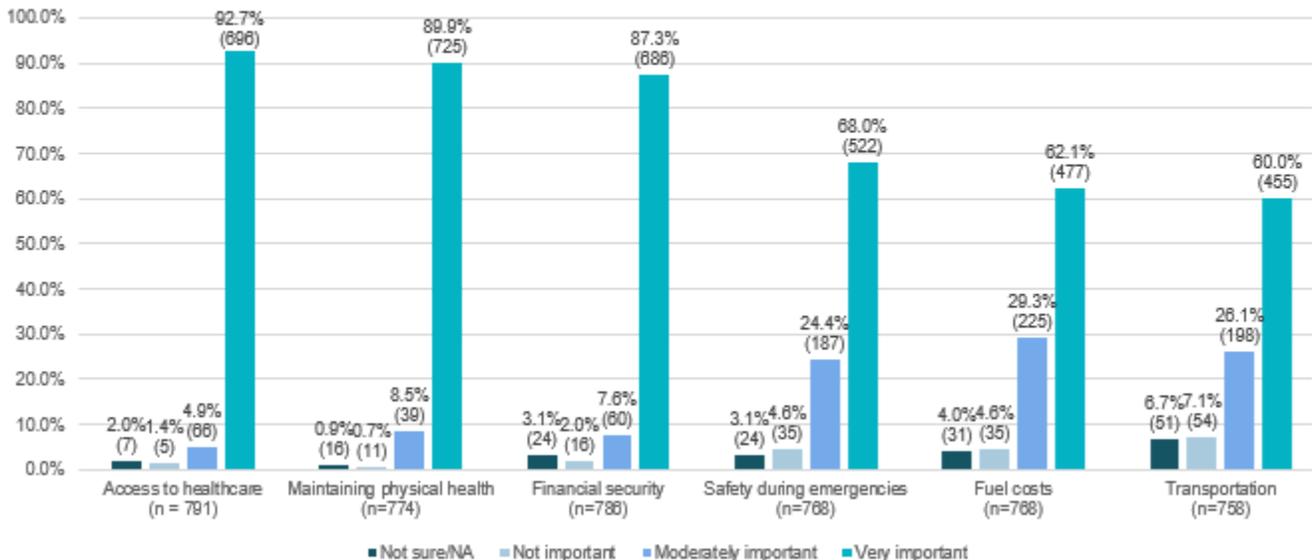
Awareness of SLRC comparison to last survey: consistent 49.8 aware, 42.9 not aware, 7.7 not sure

How did awareness differ by age: most aware were 18-59

How SLRC has assisted (n=763): 39% hadn't heard of SLRC, 51% hadn't used. Of those that did utilize SLRC, the top 3 reasons: 10% Medicare benefit counseling, 3% Medicaid information or support, & 3% for caregiving help.

LIVING IN YOUR COMMUNITY

Please rate the importance of the following based on how much they impact your ability to age in your community (N = 802).



The above graph represents the top 6 identified priorities. Of interest, how much has the pandemic impacted; of the top 6 at least 5 could be influenced by the pandemic. (Worth comparing to responses to last survey prior to pandemic.)

NEED FOR SERVICES

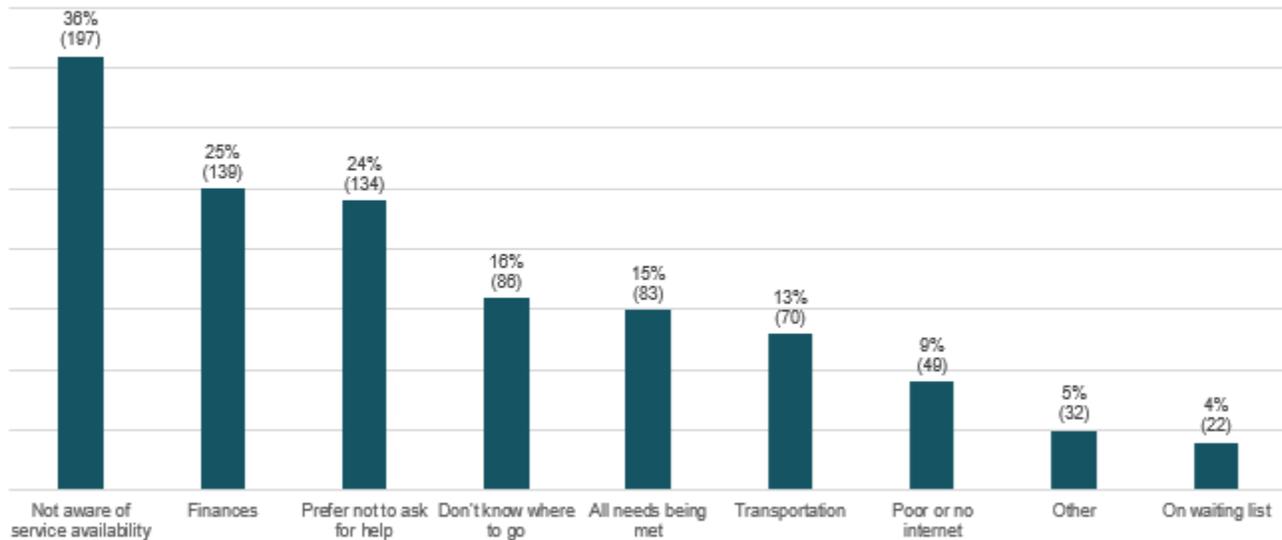
PLEASE RATE YOUR NEED FOR THE FOLLOWING SERVICES (N = 801).

- | | |
|---|--------------------------|
| 1. Stable Internet (broadband/high-speed) | 10. Legal assistance |
| 2. Social Activities | 11. Financial assistance |
| 3. Information and Referral | 12. Senior Center |
| 4. Affordable Housing | 13. Veteran's benefits |
| 5. Oral Health Services | 14. Home modification |
| 6. Help dealing with vision or hearing loss | 15. Food assistance |
| 7. Breast/cervical cancer screening | 16. In-home care |
| 8. Yard work, trash removal, snow removal | 17. Adult Day programs |
| 9. Transportation | |



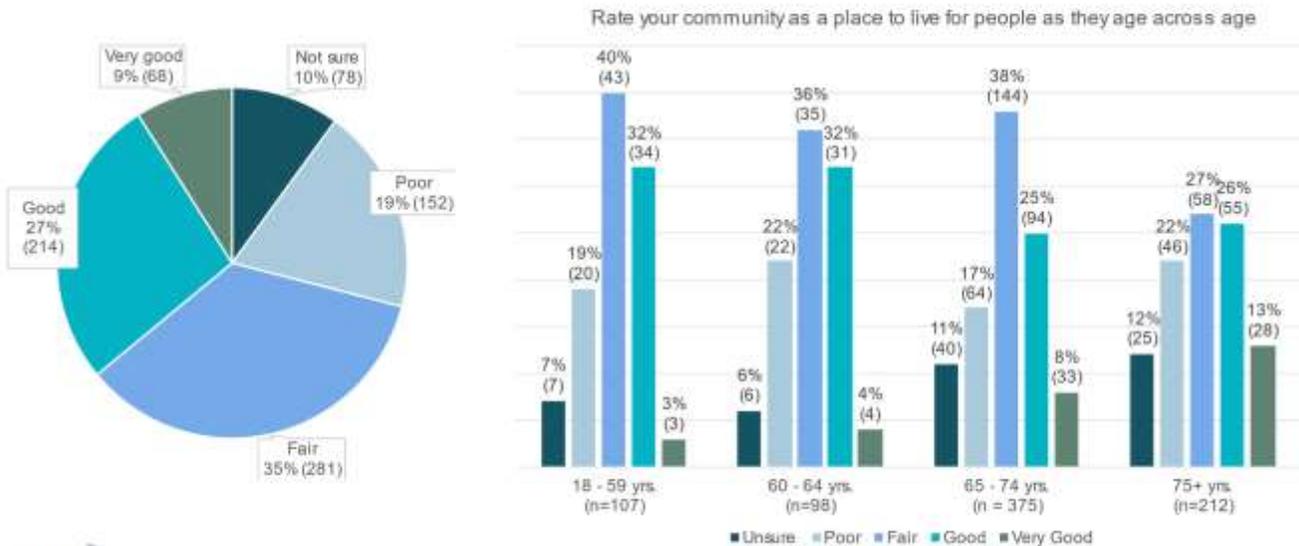
BARRIERS TO ADDRESSING NEEDS

What keeps you from being able to access what you need? (N = 548)



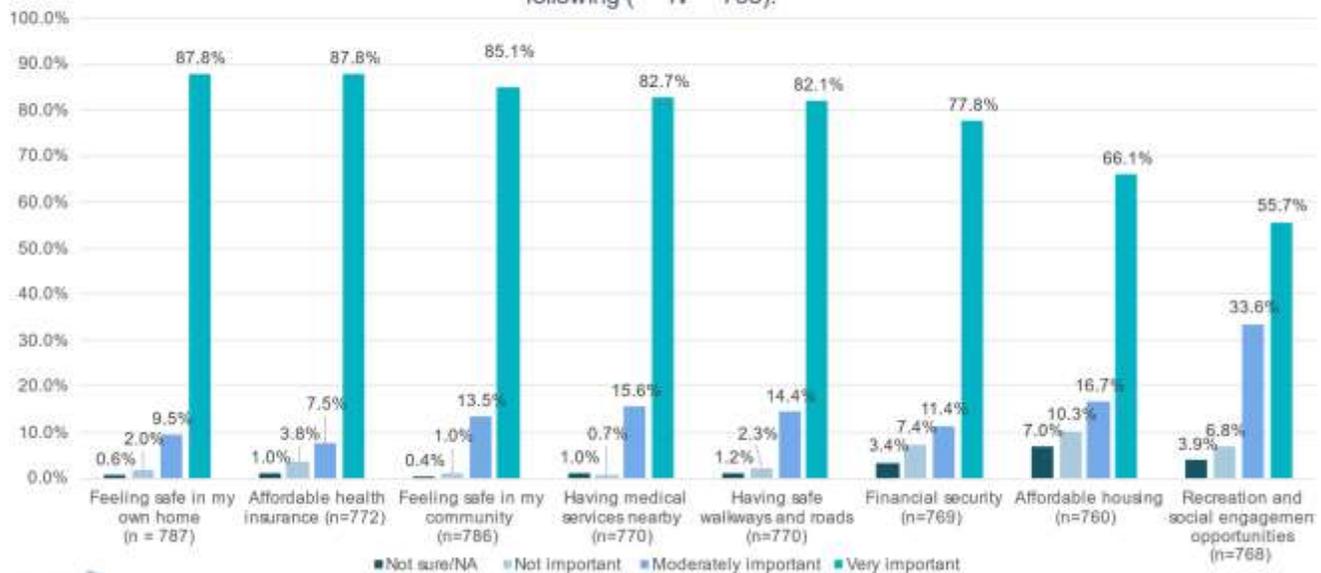
Other responses: more activities and services needed, accessing community resources and assistance, visual and hearing and mobility impairment, housing, fear of covid.

OVERALL RATING OF COMMUNITY AS PLACE TO AGE (N = 793)



FUTURE CONCERNS

Looking to the future, please rate the importance of the following (N = 795).



Above graph lists the top 6 concerns. This is another question with a significant variation of responses from the survey conducted pre-pandemic suggesting the pandemic's impact.

FUTURE CONCERNS

Each county is listed below with the highest -ranking concern(s) that respondents identified for their future aging (N = 795)

<p>BELKNAP</p> <p>Feeling safe in my community (91%)</p>	<p>CHESHIRE</p> <p>Affordable health insurance (94%)</p>	<p>GRAFTON</p> <p>Having medical services nearby (86%)</p>	<p>MERRIMACK</p> <p>Feeling safe in my own home (90%) and Affordable health insurance (90%)</p>	<p>STRAFFORD</p> <p>Feeling safe in my own home (88%) and Having medical services nearby (88%)</p>
<p>CARROLL</p> <p>Feeling safe in my own home (87%)</p>	<p>COÖS</p> <p>Feeling safe in my own home (100% and Feeling safe in my community (100%)</p>	<p>HILLSBOROUGH</p> <p>Affordable health insurance (91%)</p>	<p>ROCKINGHAM</p> <p>Feeling safe in my own home (90%) and Feeling safe in my community (90%)</p>	<p>SULLIVAN</p> <p>Affordable health insurance (93%)</p>



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LISTENING SESSION RESULTS OVERVIEW

What is working well in your community as it relates to aging?

- Senior centers
- ServiceLink
- Community organizations and local initiatives
- Transportation
- Feel engaged in community
- State and local government programs



What is not working well in your community as it relates to aging?

- Transportation
- Healthcare workforce
- Increased funding for services
- Lack of awareness and communication about accessing information and resources
- Available, accessible and affordable housing
- Healthcare system
- Broadband access
- Economic security and costs of living
- Coordination across continuum of care



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WORKING WELL:

- Senior centers (n =12)
- ServiceLink (n =10)
- Community organizations and local initiatives (n = 10)
- Transportation (n = 9)
- Feel engaged in community (n = 7)
- State and local government programs (n = 5)

NOT WORKING WELL:

- Transportation (28)
- Healthcare workforce (26)
- Funding for services (22)
- Lack of awareness and communication about accessing information and resources (21)
- Available, accessible and affordable housing (14)
- Healthcare system (11)
- Broadband access (11)
- Economic security and costs of living (10)
- Coordination across continuum of care (9)



HOW CAN NH BETTER SERVE AND SUPPORT ITS AGING POPULATION TODAY AND IN THE FUTURE?



This is hard to count the N's because there are layers to each theme –
The overall priority list is:

1. Services and supports
2. Improvement of distribution and coordination of services
3. Accessibility
4. Future

WHAT DO YOU NEED TO CONTINUE TO LIVE IN YOUR HOME AS YOU GET OLDER?

- Health and social services
- Chore management
- Housing and community support
- Application and eligibility process
- Broadband, internet, and equipment access
- Education on a wide array of topics
- Transportation
- Accessing information to resources



WHAT CAN WE DO TO REDUCE ISOLATION FOR OLDER ADULTS IN NH?

- Promote livable communities
- Engaging and expanding current programs and activities
- Reduce barriers to participation
- Enhance internet access and technology
- Promote and distribute information

What do you need to continue to live in your home as you get older?

- Health and social services (20)
- Chore management (18)
- Housing and community support (18)
- Application and eligibility process (9)
- Broadband, internet, & equipment access (9)
- Education on a wide array of topics (8)
- Transportation (8)
- Accessing information to resources (7)

What Can we do to reduce isolation for older adults in NH?

- Promote livable communities (46)
- Engaging and expanding current programs and activities (30)
- Reduce barriers to participation (17)
- Enhance internet access and technology (9)
- Promote and distribute information (7)

THANK YOU!



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LinkedIn
The NH Alliance for Healthy Aging

Considerations for future survey: question about whether a paid professional (243 working full time ¼ of sample).